



November 22, 2021

Web Announcement 2636

Professional and Outpatient Claims for Procedure Code 96375

Professional and outpatient claims for procedure code 96375 (Therapeutic, prophylactic or diagnostic injection, each additional sequential intravenous push of a new substance/drug) billed with primary procedure codes 96374, 96365, 96409 or 96413 have denied in error with error code 6511 (Add-on code billed without paid primary). Effective with claims with dates of service on or after November 16, 2021, these claims will adjudicate correctly and will no longer deny in error.

The impacted claims with dates of service on or after October 18, 2021, through November 16, 2021, that denied with error code 6511 will be reprocessed automatically to adjudicate correctly. A future remittance advice will report the results of the reprocessed claims.

When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.